



**GEORGIA MEDICAID FEE-FOR-SERVICE
ASTHMA and COPD AGENTS PA SUMMARY**

Preferred	Non-Preferred
<i>Anticholinergics and Combinations</i>	
Atrovent HFA (ipratropium) Bevespi Aerosphere (glycopyrrolate/formoterol) Ipratropium neb inhalation solution generic Ipratropium/albuterol neb inhalation solution generic Spiriva Handihaler (tiotropium)	Anoro Ellipta (umeclidinium/vilanterol) Combivent Respimat (ipratropium/albuterol) Incruse Ellipta (umeclidinium) Seebri Neohaler (glycopyrrolate) Spiriva Respimat (tiotropium) Stiolto Respimat (tiotropium/olodaterol) Tudorza Pressair (aclidinium) Utibron Neohaler (glycopyrrolate/indacaterol)
<i>Beta Agonists (Sympathomimetics)</i>	
Albuterol neb inhalation solution 0.083% (2.5mg/3mL), 0.5% (5mg/mL) generic Albuterol syrup and extended-release tablets generic Brovana (arformoterol neb inhalation solution) Metaproterenol generic Proventil HFA (albuterol) Serevent Diskus (salmeterol) Terbutaline generic	Albuterol neb inhalation solution 0.021% (0.63 mg/3 ml), 0.042% (1.25 mg/3 ml) generic Albuterol tablets generic Arcapta Neohaler (indacaterol) Levalbuterol neb inhalation solution generic^ Perforomist (formoterol neb inhalation solution) ProAir HFA/Respiclick (albuterol) Striverdi Respimat (olodaterol) Ventolin HFA (albuterol) Xopenex HFA (levalbuterol)
<i>Inhaled Corticosteroids (ICS)</i>	
Asmanex Twisthaler (mometasone) ⁺ Flovent Diskus/HFA (fluticasone propionate) Pulmicort Respules Suspension (budesonide neb suspension for inhalation) Pulmicort Flexhaler (budesonide)	Alvesco (ciclesonide) Armonair Respiclick (fluticasone propionate) Arnuity Ellipta (fluticasone furoate) Asmanex HFA (mometasone) Budesonide neb suspension for inhalation generic Qvar Redihaler (beclomethasone)
<i>Inhaled Corticosteroid (ICS) and Long-Acting Beta Agonist (LABA) Combinations</i>	
Advair Diskus (fluticasone/salmeterol) Dulera (mometasone/formoterol) Symbicort (budesonide/formoterol)	Advair HFA (fluticasone/salmeterol) AirDuo Respiclick (fluticasone/salmeterol) Breo Ellipta (fluticasone/vilanterol) Fluticasone/salmeterol (generic AirDuo Respiclick)
<i>Methylxanthines</i>	
Elixophyllin (theophylline elixir) Theophylline solution and tablets generic Theophylline CR/ER tablets generic Theo-24 (theophylline ER capsules)	Theophylline elixir generic*



<i>Phosphodiesterase-4 Inhibitors (PDE-4 Inhibitors)</i>	
N/A	Daliresp (roflumilast)

*Non-preferred agent that does not require PA. ^Does not require PA for members 8 years of age or younger. +110 mcg strength requires PA for members 12 years of age or older.

LENGTH OF AUTHORIZATION: 1 Year

NOTES:

- Asmanex Twisthaler 110 mcg/inh does not require PA for members 11 years of age or younger.
- Xopenex Inhalation Solution does not require PA for members 8 years of age or younger. PA is required for all ages for Xopenex HFA and levalbuterol neb inhalation solution generic.
- If AirDuo Respiclick is approved, the PA will be issued for generic fluticasone/salmeterol.

PA CRITERIA:

Anoro Ellipta

- ❖ Approvable for members with a diagnosis of chronic obstructive pulmonary disease (COPD) who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to Bevespi and to Spiriva Handihaler and Serevent taken together.

Combivent Respimat

- ❖ For members with a diagnosis of COPD, prescriber must submit a written letter of medical necessity stating the reasons the separate preferred products, Atrovent HFA and Proventil HFA, are not appropriate for the member.

Incruse Ellipta, Seebri Neohaler and Tudorza Pressair

- ❖ Approvable for members with a diagnosis of COPD who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to Spiriva.

Spiriva Respimat

- ❖ Approvable for members with a diagnosis of asthma who have experienced ineffectiveness with an inhaled corticosteroid and long-acting beta agonist taken together and will continue these medications while on Spiriva Respimat.
- ❖ For members with COPD, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Spiriva Handihaler, is not appropriate for the member.



Stiolto Respimat

- ❖ Approvable for members with a diagnosis of COPD who have experienced ineffectiveness with Bevespi and with Spiriva Handihaler and Serevent taken together or have allergies, contraindications, drug-drug interactions or intolerable side effects to Bevespi and Serevent.

Utibron Neohaler

- ❖ Approvable for members with a diagnosis of COPD who have experienced ineffectiveness with Bevespi as well as with Spiriva Handihaler and Serevent taken together or have allergies, contraindications, drug-drug interactions or intolerable side effects to formoterol and Spiriva Handihaler or Serevent.

Albuterol Neb Inhalation Solution 0.021% (0.63 mg/3mL), 0.042% (1.25 mg/3mL) Generic

- ❖ Approvable for members who have experienced ineffectiveness or intolerable side effects to albuterol neb inhalation solution 0.5% or 0.083%.

Levalbuterol Neb Inhalation Solution Generic

- ❖ Does not require prior authorization for members less than 9 years of age.
- ❖ Approvable for members 9 years of age and older who have experienced ineffectiveness or intolerable side effects to albuterol neb inhalation solution 0.5% or 0.083%.

Albuterol Tablets Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic albuterol syrup and extended-release tablets, are not appropriate for the member.

Arcapta Neohaler and Striverdi Respimat

- ❖ Approvable for members with COPD who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to Serevent.

Perforomist

- ❖ Approvable for members with a diagnosis of COPD who have experienced ineffectiveness or intolerable side effects to Brovana.

ProAir HFA, ProAir Respiclick and Ventolin HFA

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons that the preferred product, Proventil HFA, is not appropriate for the member.

Xopenex HFA

- ❖ Approvable for members who must have experienced ineffectiveness or intolerable side effects to Proventil HFA.



Alvesco and Qvar Redihaler

- ❖ Approvable for members who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to at least two different preferred inhaled corticosteroids.

Armonair Respiclick and Arnuity Ellipta

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Flovent Diskus and Flovent HFA as well as at least one other preferred inhaled corticosteroid, are not appropriate for the member.

Asmanex HFA

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Asmanex Twisthaler and at least one other preferred inhaled corticosteroid, are not appropriate for the member.

Asmanex Twisthaler 110 mcg/inh

- ❖ Does not require prior authorization for members less than 12 years of age.
- ❖ For members 12 years of age or older, prescriber must submit a written letter of medical necessity stating the reasons Asmanex Twisthaler 220 mcg/inh is not appropriate for the member.

Budesonide Neb Suspension for Inhalation Generic

- ❖ Member must require the use of a nebulizer to administer an inhaled corticosteroid
- AND

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Pulmicort Respules, is not appropriate for the member.

Advair HFA

- ❖ Approvable for members less than 12 years of age who are not able to inhale a powder formulation due to age, tracheostomy (trach) tube or mental or physical disabilities.
- ❖ Approvable for members 12 years of age or older who are not able to inhale a powder formulation due to tracheostomy (trach) tube or mental or physical disabilities and who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to Dulera or Symbicort.
- ❖ Approvable for members 12 years of age or older who are able inhale a powder formulation and have experienced ineffectiveness with Advair Diskus and have experience ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to Dulera or Symbicort.

AirDuo Respiclick and Fluticasone/Salmeterol Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Advair Diskus, is not appropriate for the member.



Breo Ellipta

- ❖ Approvable for members with a diagnosis of COPD who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to two of the preferred inhaled corticosteroid and long-acting beta-agonist combination products: Advair Diskus, Dulera and Symbicort.

Daliresp

- ❖ Approvable for members 18 years of age and older with a diagnosis of severe COPD associated with chronic bronchitis and an FEV₁ less than 50% of predicted who are currently on long-acting bronchodilator therapy

OR

- ❖ Member has had at least 2 COPD exacerbations requiring administration of systemic steroids and/or antibiotics or hospitalization in the past 12 months and member must have used long-acting bronchodilator therapy within the past 12 months and be currently on long-acting bronchodilator therapy.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.